

WATER QUALITY MANAGEMENT PLAN (208) CONSISTENCY REVIEW FORM

ADEQ PERMIT WRITER: _____ **EXT. NUMBER** _____ **DEPT** _____

WATER PROGRAM PERMITS REQUIRED FOR OVERALL PROJECT (Circle as applicable/Indicate permit number): APP

_____ Reuse # _____ NPDES AZ# _____ 404/401 _____

Stormwater _____ Provisional Verification _____ Subdivision _____

FACILITY STATUS (Circle as applicable): New Existing Expanded Upgraded Renewal
Other: _____

FACILITY INFORMATION:

Name: _____ Address: _____

Closest City: _____ County: _____

Township: _____ Range: _____ Section: _____

208 Agency (Circle as applicable) CAAG LA PAZ MAG MOHAVE NACOG PAG SEAGO
YUMA

TYPE OF FACILITY (Circle as applicable): WWTP Sewer Line On-site System

Other (specify) _____

Treatment Method Summary - sludge & effluent (please be specific): _____

Disposal Method Summary - sludge & effluent (please be specific): _____

Average Daily Design Flow (gallons per day or monthly/daily average): _____

SERVICE COMMUNITY (Circle as applicable): Mobile Home Park Recreational Vehicle Park Town

City Subdivision Hotel/Motel/Other: _____

FOR SUBDIVISIONS ONLY: Total Acreage _____ Number of Lots _____ Ave. Lot Size (Sq.Ft.) _____

Water Service Provided By: _____ Sewage Service Provided By: _____

FOR NPDES USE ONLY: Receiving Water Type/Name: _____

Latitude _____ Longitude _____ **INVENTORY NUMBER:** _____

FOR ADEQ WATERSHED MANAGEMENT USE ONLY -- DO NOT WRITE BELOW LINE

Designated Management Agency:_____

For purpose of the Federal Water Pollution Control Act Section 208, Arizona Administrative Code R18-9-804(I) and (J), and/or R18-9-108 (B)(10), and/or the Certified Area Water Quality Management Plan, this action has been found to be **(check applicable response and fill-in blanks):**

____ **APPROVED, as the project is:**

1. Consistent with the EPA certified 208 Plan for:
2. Not inconsistent with the certified 208 Plan for:
3. Consistent with a County or City Comprehensive or General Plan (in absence of appropriate 208 Plan)

Condition(s) of Approval:

____ **NOT APPROVED.** See attached explanation, total number of pages _____.

Determination By _____

Date _____

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